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| Case Number: | CM14-0134640 | | |
| Date Assigned: | 08/27/2014 | Date of Injury: | 04/06/2014 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 08/19/2014 |
| Priority: | Standard | Application Received: | 08/21/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 46-year-old female who has submitted a claim for ankle sprain and strain associated with an industrial injury date of April 6, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of constant pain in her left ankle and left foot. Examination revealed degrees range of motion of bilateral feet and ankles. Sensation to touch and pinprick was decreased in all toes. There was an ulcer noted at the bottom of the patient's feet. Treatment to date has included medications, physical therapy, home muscle stretching exercises, aquatic therapy, and deep breathing type meditation. Utilization review from August 19, 2014 denied the request for Home exercise program and Follow up visit in 4 weeks. The request for home exercise program was denied because no clear rationale was provided and the patient was authorized to undergo aquatic therapy to address the current complaints. The request for follow up visit was denied because the patient had already been approved for follow-up visit and without review of the results and complaints at that time the office visit follow-up was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Home exercise program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise program (HEP) can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case, the patient was undergoing aquatic therapy as part of her treatment. She has likewise completed a course of physical therapy and is currently on home stretching exercise program. It is unclear why patient is recommended to undergo another form of HEP. Moreover, body part to be treated was not specified. Therefore, the request for home exercise program is not medically necessary.

Follow up visit in 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultation pages 127 and 156.

Decision rationale: Pages 127 and 156 of the CA MTUS ACOEM Independent Medical Examinations and Consultations state that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, neurology/psychiatry specialist on 7/24/14 had seen the patient, and it was noted that patient should follow-up after four weeks. However, based from the notes, there were two physicians seeing the patient. The request did not specify to which physician should the patient follow-up to. The request was incomplete. Therefore, the request for Follow up visit in 4 weeks is not medically necessary.